

est. 1947



610-275-4453

duffco.co

When you need it now... or don't know how

NEW ACCOUNT APPLICATION FORM

Legal Name: _____

Name in Which Business is Conducted: _____

Contact Name: _____ Application Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Purchasing Phone: _____ A/P Phone: _____ Fax: _____

Principal's Name: _____

Principal's Address: _____

City: _____ State: _____ Zip: _____

Phone (office/cell): _____ Email Address: _____

Primary Contact: _____ Title: _____

Website Address (if applicable): _____

IF DIFFERENT SHIPPING ADDRESS

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Tax Exempt Number: _____

(Provide a copy of Certificate, we CANNOT setup a Tax Exempt Account without a certification)

Type of Business: plumbing _____ pumps _____ heating _____

municipality _____ hotel or apts _____ well drilling _____ hospital _____

factory (OEM) _____ factory maintenance _____ office bldg. _____ shopping ctr. _____

golf course _____ water treatment _____ environmental _____ other _____

Have you been contacted by one of our salesman? _____ Name? _____

Do you require a Purchase Order? _____ Do you prefer a Blanket Order? _____

If YES Exp.: _____

Name of person or persons authorized to pick up? _____

D & B Rating? _____

Check one: Corporation: _____ Partnership: _____ Individual Proprietor: _____

If division of another corporation, give parent company and relationship: _____

Credit limit you are applying for? _____

Length of time in Business and year incorporated: _____

Trade References

Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

BANK REFERENCE: _____

Address of Branch: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Bank Officer who handles account: _____

In consideration of your opening the above account and/or extended credit, the undersigned hereby agrees that all information supplied in this application is correct, that all accounts are to be paid in full to Duff Company monthly by tenth (10th) day of the month following invoice date, that a 1% service charge and a 1% interest charge will be made on any balance open at the end of the month following invoice date, and that in the event that legal action or lien be or the service of a collection agency are used to collect this account, the undersigned shall pay all expenses incurred by Duff Company, such as, but not limited to, collection fees, lien fees, costs and legal fees.

Applicant (Name of Account) _____

By: _____ Title: _____

The Undersigned _____ and _____
for good and valuable consideration, hereby jointly, severally, and personally unconditionally guarantee, warrant and promise the full and prompt (within terms) payments of all bills and other obligations (as set forth above) of the applicant in connection with any credit extended to the applicant by Duff Company.*

Principal Witness Principal's Spouse Witness

Principal Witness Principal's Spouse Witness

As a standard procedure, we email invoices to our customers. Please provide the email address where we can send you invoices: _____

Please Email form to bcohen@duffco.com or Fax to: 610-275-6761

*As appropriate, we may also require the guarantee of a principal and, in some cases, the principal's spouse.

For Duff Supply Use Only			
Credit Limit: _____	Class: _____		
Tax Jurisdiction: _____	Certificate Rcvd: _____		
Salesman: _____	Type: _____		
Contact: _____	Controller: _____		
General Manager: _____	Date Apprv: _____		